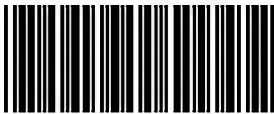


APPLICATION DATA SHEET

Electronic Version v14  
Stylesheet Version v14.0

Title of Invention	Isolation of a Dimer Di-Gallate, a Potent Endothelium-Dependent Vasorelaxing Compound		
Application Type : regular, utility Attorney Docket Number : 1372.92.PRCCP <b>Request Not To Publish</b> I/We hereby request that the attached application not be published under 37 U.S.C. 122(b). I/We hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.			
Correspondence address: Customer Number: 21901 <div></div>			
Continuing Data:  This is a Continuation-in-part of US application number 10065770, filed 2002-11-18 , now pending.  US application number 10065770, filed 2002-11-18 is a Non-Provisional of US application number 60332428, filed 2001-11-16.			
Inventors Information:  <u>Inventor 1:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> David <b>Middle Name:</b> F. <b>Family Name:</b> Fitzpatrick <b>Residence:</b> <b>City of Residence:</b> Tampa <b>State of Residence:</b> FL <b>Country of Residence:</b> US <b>Address-1 of Mailing Address:</b> 4202 East Fowler Avenue <b>Address-2 of Mailing Address:</b> MDC Box 9			

**City of Mailing Address:** Tampa  
**State of Mailing Address:** FL  
**Postal Code of Mailing Address:** 33620  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

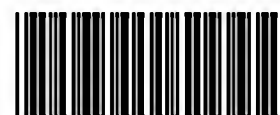
Inventor 2:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Rebecca  
**Family Name:** O'Malley  
**Residence:**  
**City of Residence:** Tampa  
**State of Residence:** FL  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 4202 East Fowler Avenue  
**Address-2 of Mailing Address:** SCA 400  
**City of Mailing Address:** Tampa  
**State of Mailing Address:** FL  
**Postal Code of Mailing Address:** 33620  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:

21901



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

**Organization Name:** University of South Florida  
**Address-1 of Mailing Address:** 4202 East Fowler Avenue  
**Address-2 of Mailing Address:** FAO 126  
**City of Mailing Address:** Tampa  
**State of Mailing Address:** FL  
**Postal Code of Mailing Address:** 33620-7900  
**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**